

should Miss Nutting be unable for any reason to continue in her work, her successor would not necessarily be a member of our profession? Can we not this year make some united efforts, through our own large body of women, representing a still larger number, to obtain the necessary sum for the endowment? I believe the opportunity before us is unusual. We have a course established in Columbia University. We have a member of the profession undertaking a field of work which will be exceedingly valuable to us in our own. We have that great department in New York, Bellevue and Allied Hospitals, erecting costly and well equipped buildings, and an unusually broad-minded and progressive board over the training-schools, who would, I firmly believe, be willing to be of any possible assistance in the higher education of the profession. We need to best carry on that work, our own endowment, that we may control our appointment and further the best ends of the Society.

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PROVISIONS ALREADY EXISTING FOR THE CARE OF THE SICK OF MODERATE MEANS.

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IN answer to the inquiry as to the provision made for the family of moderate means in time of illness, I have endeavored to collect data which would give some idea of the provision made by general hospitals, special hospitals, visiting nurse societies and private nurses for the care of families whose incomes are so small that when serious illness develops they are unable to provide for adequate care of the patient without assistance. Owing, however, to the short time given for the preparation of this article, it has been almost impossible to obtain the necessary facts. The paper is therefore presented, not so much as a source of information, as with the hope that it will promote a discussion which will bring before the meeting the manner in which this work is being done in the different cities represented. From the oft-quoted expression, "one must be either very poor or very rich in order to receive proper care during illness," one would be led to suppose that the poor never lack this care, but in cases where the patients are too ill to be removed to a hospital, or refuse to go, it is very difficult to procure satisfactory care for them in their homes. The people we shall consider to-day are not the very poor, but those in moderate circumstances, with an income ranging from fifteen dollars to thirty-five dollars a week, those who have been accustomed to the comforts

and refinements of modern life, for it is this class which feels most keenly the deprivation of intelligent service in time of sickness. When the case is one requiring only the care which can be given by a visiting nurse supplementing that given by the family, the question is easily and satisfactorily solved in our large cities and towns, and also in many smaller ones, for there are few places now that do not have at least one visiting nurse. The chief difficulty arises when it is a question of permanent nursing or when no visiting nurse is available. This question must be considered from the point of view of both patient and nurse.

In the first place, we will consider the means provided for the care of this class of patients in our hospitals, and I shall have to quote Philadelphia, as it has been impossible to obtain the necessary information from other places. The following is a list of prices in some of our hospitals: One gives the lowest price for a private room at \$20. One at \$2, \$2.50, \$3 and \$4 a day. One from \$2.50 to \$5 a day. One hospital has a ward of five beds at \$10 a week; rooms from \$14 up. Another has one ward of five beds at \$3, one ward of three beds at \$7, and one ward of two beds at \$10 a week, and private rooms from \$15 up. Obstetrical private rooms at \$12. One has a ward of five beds at \$10.50; rooms from \$20 up. Two hospitals have rooms from \$15 up. One, private rooms from \$10 to \$25. One has private rooms from \$12 up. One maternity hospital has rooms from \$8 a week, up to \$15. Another maternity hospital has single rooms at \$14; two in a room, \$7. From these rough figures it will be seen that in Philadelphia, which is, no doubt, a fair standard by which to judge other cities, a hospital patient can obtain semi-private—*that is, with from one to four others in a ward*—for from three dollars to ten dollars a week; and from ten dollars to twenty dollars a week will secure a private room including everything except the physician's fee, which may be, and often is, modified according to the circumstances of the patient, and special nursing. In the maternity hospitals a woman can receive care for herself and child at anywhere from twelve dollars to twenty-five dollars a week, which of course does not include doctor's fee or special nursing.

Now let us compare these prices with the probable cost of a serious illness at home, where the doctor's fee will surely be not less than two dollars a visit. A nurse's service costs from twenty-one dollars to twenty-five dollars a week; her board and laundry are three dollars a week; extra laundry for the patient, one dollar a week. Include bills for drugs, and all the *et ceteras* indispensable at such times, and it is very easy to see that people of moderate means, suffering from acute diseases, can be far better cared for at a much lower rate in a hospital than in their own

homes. Unfortunately, the number of the cheaper rooms is so limited that it is not always possible to get one. For incurable cases, no adequate provision is made by our hospitals. Chronic cases, even when in an acute condition, are seldom received by the general hospitals, and it is a rare thing to find a vacant bed in the special hospitals devoted to this class of patients. It is also difficult to find a nurse who will take such cases at reduced rates, although she might be willing to care for a case of pneumonia or typhoid. Some of the reasons why more people do not avail themselves of these hospital privileges are: First, we find a natural antipathy on the part of the patient and the family to her being cared for entirely by strangers, no matter how skillful; second, the patient may be the mother of small children, for whom she cannot make proper provision as to their care during her absence, and she feels that, even though laid up, she can manage the household to a certain extent. Such patients progress much better at home than in a hospital, the constant anxiety in regard to home matters retarding their recovery; third, the case may be one too far advanced for any reasonable hope of recovery, and the family objects to the patient's leaving home for this reason only; fourth, the patient may be in too critical a state to be removed with safety. The latter condition is one we frequently encounter in our visiting work. We must appreciate that the last three causes make it impossible for many patients who need the very best nursing that can be given, to enter a hospital, even if accommodation could be found for all. These patients must be nursed at home by skilled nurses, and at greatly reduced rates.

In regard to the work of visiting nurse societies in the homes of small incomes: In Philadelphia a nurse is supplied for the home care of such patients at the moderate rate of twenty-five to fifty cents a visit; very often, where two or more visits a day are necessary and the family are in very moderate circumstances, only one visit is charged for; in many cases no fee is collected. If the case is one requiring constant, skilled care to tide it over a crisis, a graduate nurse is supplied from a small fund donated for this purpose, the family sharing the expense when possible. This care is furnished to the very poor as well as to the family of moderate means. The fund, however, is not sufficient to care for many in this way. In Chicago, the Crerar Fund provides a nurse at the usual rate, the patients contributing as much as they can afford. Perhaps some one here to-day can give us more definite information in regard to this fund, and its use. In Canada some directories provide that nurses on the waiting list shall take cases at reduced rates until their names are reached, when they are relieved by another nurse whose name is at the foot of the list. In Philadelphia, the Nurses' Directory in connection with the College of

Physicians is occasionally able to furnish a graduate nurse at fifteen dollars a week, but very few nurses will take such cases, and always do so under protest. This directory also furnishes attendants at varying prices, some of whom give very good service. One or two of our private directories will sometimes furnish a nurse at a reduced rate, but we cannot depend upon this as a source of supply. The Woman's Hospital sends out a few senior pupils at twelve dollars a week. The Young Women's Christian Association has a list of attendants and nurses that can be had at from five dollars to fifteen dollars a week.

With such a meager supply of nurses to be obtained from legitimate sources, is it any wonder that correspondence and short-course schools should flourish? for they are always ready to supply an ignorant public with so-called nurses at prices to suit the demand. Lastly, we will consider the question from the nurse's point of view. In discussing this with the heads of directories, we are told that the majority of nurses refuse to reduce their prices for the reason that they consider that it lowers the standard of nursing. Many frankly say that they can be employed most of the time at the usual charge and they prefer to rest rather than go for less.

Some think that if they once lower their prices they will be constantly called upon for such cases and will lose much of their more lucrative work. Another view of the matter, which is a very just one, is that it is not possible to learn the family income and that people who can well afford to pay the usual charge will take advantage of any opportunity of securing a nurse at reduced rates. We have found this only too true, and many families will expect the nurse to sacrifice herself, rather than give up one of their own luxuries or pleasures. The demand for nurses among people of refinement and culture, who are unable to pay the usual charge, is great, and how best to meet this demand should be a question for every thoughtful woman in the profession to consider most seriously.